

## Talking Points on S-CHIP Child Definition

HHS factsheet on SCHIP <http://www.hhs.gov/news/press/2001pres/01fsschip.html>.

1. This is an interpretation of a law that allows states to use the federal funds to service a "child" under age 19. The executive must, therefore, say yes or no to whether "child" includes the unborn child. If a woman shows up pregnant, do they say, "We see no child, go away and come back after you've given birth?" Or do they say, "We see you have a child, come on in"? Everyone knows that it is most important for a child to have proper care and nutrition early in development to prevent so many problems later on. And of course it is of benefit to the mother too.

2. Critics object that there was already authority to grant waivers to allow states to use the SCHIP funds to cover pregnant women, and this was done for two states. But what the law authorizes is waivers to advance the goals of the program, which is to provide medical insurance for CHILDREN. Thus, it seems to me that any such waiver is based on an implicit recognition of what the proposed rule would make explicit.

3. Is it more rational to say that Child means conception to 19 or Child means birth to 19 and pregnant women no matter what their age? Critics object that a pending bill (S. 1016) by Sen. Bingaman would allow the SCHIP funds to be used to cover pregnant women, without getting into this controversial personhood business etc. But we see no reason to adopt such a convoluted approach in order to comply with the irrational ideology of those who wish to pretend there is no baby on board. Besides, what the bill says is, "The term 'targeted low-income pregnant woman' has the meaning given the term targeted low-income child in section 2110(b) as if any reference to a child were deemed a reference to a woman during pregnancy." In other words, let's define a pregnant woman as a child -- an odd position for feminist groups to defend.

4. Bingaman suggests in CQ that the proposed rule means the program will ignore problems of the mother, e.g. high blood pressure, unless or until they affect the baby. This is nonsense. The woman has no health insurance. If the baby is not a "child" for purposes of SCHIP, she will continue to have no health insurance until she gives birth, so she will not even see the doctor

to find out about the high blood pressure. If the child is covered, they BOTH see the doctor and the condition is addressed, to the benefit of both.

5. While the proposal is significant, the notion that it is unprecedented, an assault on Roe, etc is inaccurate. The "unborn child" is recognized in many state laws for all sorts of purposes -- 24 states have unborn victims laws, most states allow certain lawsuits on behalf of an unborn child, etc. In 1989, the U.S. Supreme Court upheld Missouri's comprehensive unborn child law, which recognizes the unborn child from conception a legal person for all state laws and programs -- so long as Missouri does not apply the

law to restrict abortion. In 2000, the U.S. House passed 417-0 a bill to prohibit the federal and state governments from carrying out a death sentence on a woman with a "child in utero" (why?). Even the Clinton Administration proposed a TANF rule that used the term "unborn child" (although I don't know what happened to it).

6. The idea that an unborn baby should not be given health care and be covered under a government health plan, are out of step with the American Academy of Pediatrics (AAP). The AAP, defines who is the patient of the pediatrician in the following way:

*"The purview of pediatrics includes the physical and psychosocial growth, development, and health of the individual. This commitment begins prior to birth when conception is apparent and continues throughout infancy, childhood, adolescence and early adulthood, when the growth and developmental processes are generally completed. The responsibility of pediatrics may therefore begin with the fetus and continue through 21 years of age."* (<http://www.aap.org/policy/02031.html>)

7. These groups critical of the rule are obsessed with abortion to the point that they simply don't want people to think of the unborn child as a member of the human family IN ANY CONTEXT. In short, they are afraid of this rule that will help women and unborn children because they are afraid it will make people think.

Some additional conditions that can be treated in the womb:

- Therapy for twin-twin transfusion (variety of methods)
- Therapy to prevent the virilizing effects of congenital adrenal hyperplasia on female fetuses
- Therapy for some fetal cardiac arrhythmias
- In utero thoracocentesis for isolated fetal pleural effusions (most helpful with chylothorax)
- The treatment of gestational diabetes mellitus which, at least theoretically is partly for fetal benefits.
- Treating severe iron deficiency in a mother (especially those who are severe enough to require parenteral iron therapy) will help to provide the fetus/infant with adequate iron stores for the first year of life, which otherwise would be deficient.
- Intrauterine syphilis infections can be treated to the benefit to the fetus/newborn
- Some evidence that in utero treatment of toxoplasmosis infections in utero may be of benefit.
- Glucocorticoids to help mature fetal lung function in the event of likely preterm delivery
- Folic acid supplementation in those at risk for neural tube defects (and even in those not at increased risk) is a preventative treatment for the fetus.

Treating unborn children, especially with preventative measures, gives them and their families a better quality of life and would save money that would otherwise have to be spent to treat conditions that are not fixed or prevented.

Posted: March 5, 2002

Author: Pro-Life Caucus/Cusey